



25 W. NORA AVE.
SUITE 100
SPOKANE, WA 99205
TEL: 509 ▲ 324 ▲ 6434
FAX: 509 ▲ 324 ▲ 8002

~~RECEIVED~~
~~MAR 28 2006~~
~~CERTIFICATE OF NEED PROGRAM~~
~~DEPARTMENT OF HEALTH~~
JS

RECEIVED
MAR 29 2006
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH
JS

March 28, 2006

Ms. Janis Sigman, Manager
Certificate of Need Program
Department of Health
P.O. Box 47851
Olympia, WA 98504-7851

Dear Ms. Sigman:

Maxim Healthcare Services, Inc. is submitting the following as an expression of intent to file an application for a Certificate of Need. This Certificate of Need is to establish a Medicare/Medicaid certified home health agency serving the primary service area of Spokane County.

In our proposed capacity, we envision offering the full range of services which are normally expected of similar providers. Specifically, we would offer the following services:

Skilled Nursing
Home Health Aide
Social Work
Infusion Therapy

Physical Therapy
Occupational Therapy
Speech Therapy

Operating costs are projected to fall within the \$125.00 to \$135.00 per visit range, which is consistent with costs experienced by other providers within the same industry. More definitive cost projections will be provided with our application. Because of space already available to us, we do not anticipate any capital costs, therefore we do not intend to incur any capital expenditure.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Smith", written over a horizontal line.

Nathan W. Smith
General Manager, Spokane Office
Maxim Healthcare Services, Inc.